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DEPARTMENT OF PUBLIC SOCIAL SERVICES

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October 18, 2012

ADDENDUM ONE
TO THE REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND
DOMESTIC VIOLENCE SHELTER-BASED PROGRAM SERVICES
RFSQ CMD#12-01

This is Addendum One to the Domestic Violence Supportive Services and Domestic Violence Shelter-Based Program Services Request for Statement of Qualifications (RFSQ CMD# 12-01), which was released on October 9, 2012.

This Addendum contains portions of the RFSQ that have been revised.

The information contained in this Addendum One supersedes any related information previously provided.

The Addendum will be posted on the following websites:

<http://dpss.lacounty.gov/dpss/contracts/default.cfm>

and

http://doingbusiness.lacounty.gov/main_db.htm

Please continue to access the above-mentioned websites for updates.

Addendum One

TO THE REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR DOMESTIC VIOLENCE SUPPORTIVE SERVICES AND DOMESTIC VIOLENCE
SHELTER-BASED PROGRAM SERVICES
RFSQ CMD#12-01

Addendum One to the Request for Statement of Qualifications CMD#12-01 shall cause the following revisions.

1. RFSQ, Section 2.0, **INSTRUCTIONS TO PROPOSERS**, Subsection 2.6, **Preparation and Format of the SOQ**, Paragraph 2.6.4, has been added as follows:

2.6.4 Page Limits

Proposer shall adhere to the page limits listed in this paragraph for the Exhibits referenced in Section 2.0, **INSTRUCTIONS TO PROPOSERS**, Subsection 2.6, **Preparation and Format of the SOQ**, Paragraphs 2.6.1, and 2.6.2 above.

For the DVSS SOQ Application – Part I

Exhibit 2 – Description of Current Operations is limited to 8 pages.

Exhibit 3 – Plan to Provide DVSS is limited to 9 pages.

For the DVSBP SOQ Application - Part 1

Exhibit 2 – Description of Current Operations is limited to 8 pages

2. RFSQ, Section 2.0, **INSTRUCTIONS TO PROPOSERS**, Subsection 2.7, **SOQ Submission**, has been deleted in its entirety and replaced as follows (revisions underlined):

2.7 SOQ Submission

All SOQs must be submitted typewritten using Century Gothic, size 11-point font on 8 ½” x 11” white paper, with 1-inch margins, and submitted in a three-ring binder using the forms and format prescribed below. No erasures

are permitted. Mistakes shall be crossed out and corrections typed, dated, and initialed. Any SOQ that deviates from this format may be rejected without review at the County's sole discretion.

The original SOQ and three numbered hard copies and two electronic copies on Compact Discs shall be enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Proposer and bear the words:

“SOQ PART I FOR DOMESTIC VIOLENCE SUPPORTIVE SERVICES”

OR

“SOQ PART I FOR DOMESTIC VIOLENCE SHELTER-BASED PROGRAM”

AND

“SOQ PART II FOR [Insert Proposer's Name]

The SOQ and any related information shall be delivered to:

Department of Public Social Services
Contract Management Division, Section II
12900 Crossroads Parkway South
City of Industry, California 91746
Attention: Rubinella Ermino

Submission Deadline is November 7, 2012, 12:00 p.m. (local time) in order to be considered.

It is the sole responsibility of the submitting Proposer to ensure that its SOQ is received before the submission deadline identified above. Proposers shall bear all risks associated with delays in delivery by any person or entity, including the U.S. Mail. No facsimile (fax) or electronic mail (e-mail) copies will be accepted.

County will not accept late SOQs. If SOQs are mailed and are received by the County after the submission deadline, documents will be returned unopened.

All SOQs shall be firm offers and may not be withdrawn for a period of 365 days following the last day to submit SOQs.

3. RFSQ, Appendix D-DVSS SOQ APPLICATION, EXHIBIT 1-for DVSS–CASE MANAGEMENT SERVICES, entitled PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT For Domestic Violence Supportive Services – Case Management Services, has been deleted in its entirety and replaced with Attachment 1.
4. RFSQ, Appendix D-DVSS SOQ APPLICATION, EXHIBIT 1-for DVSS–LEGAL SERVICES, entitled PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT For Legal Services, has been deleted in its entirety and replaced with Attachment 2.
5. RFSQ, Appendix G-DVSS SAMPLE CONTRACT, Section 5.0, CONTRACT SUM/COMPENSATION, Subsection 5.6, Invoices and Payments, Paragraph 5.6.5, Subparagraph 5.6.5.1 has been added as follows:
 - 5.6.5.1 Should County implement a Contract Invoicing System for services under this Contract, Contractor shall create and submit electronic invoices as instructed.
6. RFSQ, Appendix H-DVSBP SAMPLE CONTRACT, Section 5.0, CONTRACT SUM/COMPENSATION, Subsection 5.6, Invoices and Payments, Paragraph 5.6.3, Subparagraph 5.6.3.1 has been added as follows:
 - 5.6.3.1 Contractor shall utilize the DVSBP Contract Invoicing System (CIS) to create each monthly invoice electronically, and shall submit an electronic invoice (Attachment N) which shall specify:
 - Contractor’s Name;
 - Contract Number;
 - Month and year being invoiced; and,
 - The total amount of the invoice.

END

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

For Domestic Violence Supportive Services - Case Management Services

Please complete, date and sign this form and include it in Part I of the SOQ. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in an Agreement.

1. State Proposer's legal name (as found in your Articles of Incorporation) and State of incorporation:

Name	State	Year Inc.
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2. A. This SOQ application is for Domestic Violence Supportive Services-Case Management Services:

Yes No

- B. Check the Supervisorial District to be served (Select only one District)

First Second Third Fourth Fifth

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

.....

7. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), including but not limited to:
- a. Proposer must be either (1) a public entity or (2) a non-profit corporation qualified to do business in the State of California.
 - b. Proposer must have the financial capacity to provide services throughout the term of the Contract.
 - c. Proposer has provided case management services for at least three years, within the last five years to victims of domestic violence.
 - d. Proposer's Contractor Project Manager has two years of experience supervising and overseeing staff providing domestic violence services.
 - e. Proposer has a service site that is physically located in the Supervisorial District for which a Case Management contract is being requested.
 - f. Proposer must provide proof of insurance or insurability that meets the requirements specified in Sections 8.21 and 8.22 Appendix G, DVSS Sample Agreement.
 - g. Proposer shall accurately complete and submit all of the documents, forms, attachments and specified in RFSQ, Section 2.0.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Legal

Name: _____

Address: _____

e-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

Date

County WebVen Number

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT
For Domestic Violence Supportive Services - Legal Services

Please complete, date and sign this form and include it in Part I of the SOQ. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in an Agreement.

1. State Proposer’s legal name (as found in your Articles of Incorporation) and State of incorporation:

Name State Year Inc.

2. A. This SOQ application is for Domestic Violence Supportive Services-Legal Services:

Yes No

- B. Check the Supervisorial District to be served (Select only one District)

First Second Third Fourth Fifth

3. If your firm is doing business under one or more DBA’s, please list all DBA’s and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

7. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), including but not limited to:
- a. Proposer must be either (1) a public entity or (2) a non-profit corporation qualified to do business in the State of California.
 - b. Proposer must have the financial capacity to provide services throughout the term of the Contract.
 - c. Proposer has provided legal services for at least three years, within the last five years to victims of domestic violence.
 - d. Proposer has provided legal services to low-income persons for at least three years out of the last five years.
 - e. Proposer's lead attorney is licensed in the State of California and has two years within the last 10 years of experience providing legal services to victims of domestic violence.
 - f. Proposer has a service site that is physically located in the Supervisorial District for which a Legal Services contract is being requested.
 - g. Proposer must provide proof of insurance or insurability that meets the requirements specified in Sections 8.21 and 8.22 of Appendix G, DVSS Sample Contract for Supportive Services.
 - h. Proposer shall accurately complete and submit all of the documents, forms, attachments specified in RFSQ Section 2.0.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Legal
Name: _____

Address:

e-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's
Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

Date

County WebVen Number